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27581 7590 12/22/2011

Medtronic, Inc. (CRDM) 710 MEDTRONIC PARKWAY NE MS: LC340 Legal Patents MINNEAPOLIS, MN 55432-9924

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Janene Leighton	(Depositor's name)	
/Janene Leighton/	(Signature)	
March 22, 2012	(Date)	

I	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
	10/792,178	03/03/2004	David E. Francischelli	P-8575.06	4900

TITLE OF INVENTION: VIBRATION SENSITIVE ABLATION DEVICE AND METHOD

					1011111(0)1011	
nonprovisional	NO	\$1740	\$300	\$0	\$2040	03/22/2012
EXAM	INER	ART UNIT	CLASS-SUBCLASS			
JOHNSON II	I, HENRY M	3769	606-041000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.561). Change of correspondence address (or Change of Correspondence Address form PTOSB/122) attached. "Fee Address" indication (or Fee Address" Indication form PTOSB/47; Rev 03-02 or more recent) attached. Use of a Customer Yumber is required.			For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,		eys I	
			registered attorney or a	e firm (having as a memb gent) and the names of up meys or agents. If no nam printed.	o to	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Minneapolis, MN U.S.A Medtronic, Inc.

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 📮 Government 4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) Issue Fee A check is enclosed. Dublication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 01-2525 (enclose an extra copy of this form).

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